



International School of Paris
Admissions

ISP Application Pack

Nursery to Kindergarten





ISP Application Checklist

Nursery to Kindergarten

ISP forms are included in this pack, and are available to download at www.isparis.edu/downloadcenter

Requirements

Details

<input type="checkbox"/> ISP Application Fee: 900 €	Administrative fee, non-refundable.
<input type="checkbox"/> ISP Application Form	To be completed by the parents/guardians.
<input type="checkbox"/> ISP Parent(s) Questionnaire	To be completed by the parents/guardians.
<input type="checkbox"/> ISP Early Childhood Questionnaire	To be completed by the parents/guardians, picture to be completed by the applicant.
<input type="checkbox"/> ISP Medical Questionnaire	To be completed by the parents/guardians, page 3 to be completed by a medical doctor .
<input type="checkbox"/> Copy of student's passport	Photocopy or scan of photo page.
<u>If your child has already been attending school, preschool or full-day collective care:</u>	
<input type="checkbox"/> ISP Confidential School Recommendation Form	Must be sent to ISP directly by the school.
<input type="checkbox"/> School records	All reporting periods. Records must be officially translated if not already in English or French.

Applications for students with diagnosed special educational needs should also include all relevant evaluation documentation. This will be reviewed confidentially by ISP's Learning Support team.

Applications may be submitted in the following ways:

By post: Admissions Office, International School of Paris, 6, rue Beethoven, 75016, Paris, France.

By email: admissions@isparis.edu - please ensure individual emails do not exceed **5MB**; larger emails will be blocked by our servers.

The admissions team will confirm receipt within approximately 48 hours, and will request any outstanding items. **Please note that applications must be complete in order to be reviewed.**





Application Form

Please attach a recent **photo** of the applicant here, or send one electronically to admissions@isparis.edu (files under 5MB)

Have you already contacted the ISP Admissions Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you already been to visit ISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Entry requested in Grade (please circle):

Nursery	Pre-K	Kindergarten	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12
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For academic year: 20 / 20 Expected start date (approx.):

Part A – About the student

General Information

Please write in capital letters

Student first names (as on passport):			
Student family name (as on passport):			
The student prefers to be called:			
Date of birth (dd/mm/yyyy):		Sex:	
Nationality(ies):			
Country of birth:			

Home address:			
Postal code:		City:	
Country:			

Siblings

Name:	Date of birth: (dd/mm/yyyy)	Applying to ISP/ currently at ISP?	Previously attended ISP? Please give dates:	If not ISP, which school is this sibling attending or planning to attend?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		





Educational Background

Current School

Name of school and location:			
Grades attended:		Dates attended:	
Main language(s) of instruction:		IB programmes offered:	<input type="checkbox"/> PYP <input type="checkbox"/> MYP <input type="checkbox"/> IB Diploma
Telephone:		Email:	

Previous school (1)

Name of school and location:			
Grades attended:		Dates attended:	
Main language(s) of instruction:		IB programmes offered:	<input type="checkbox"/> PYP <input type="checkbox"/> MYP <input type="checkbox"/> IB Diploma
Telephone:		Email:	

Previous school (2)

Name of school and location:			
Grades attended:		Dates attended:	
Main language(s) of instruction:		IB programmes offered:	<input type="checkbox"/> PYP <input type="checkbox"/> MYP <input type="checkbox"/> IB Diploma
Telephone:		Email:	

Has your child ever repeated a grade or been moved ahead of their year ("skipped" a grade) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details:	
Has your child ever experienced any academic, social, emotional or behavioral difficulties in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details:	
Has your child ever received or been recommended for extra support in or outside of school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details:	

Has your child ever received:

Psycho-educational evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP (Individualized Education Program)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please give details):			



If you have answered 'Yes' to any of the above, please submit any **additional documentation** from your child's school and/or external specialist relating to this. ISP will treat this information with the utmost confidentiality.
If the documents are in a language other than English or French, **please provide an official translation.**





Languages

Language(s) spoken at home:	
Student's most comfortable language (academic):	
Student's most comfortable language (social):	

Please tick as appropriate	No prior exposure	Beginner	Intermediate	Advanced	Native Speaker
Level of English - spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of English - written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of French - spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of French - written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other languages – please specify language(s) and level(s) below

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student's mother tongue is not English, how long has the student been learning English?	
Is the student receiving specialist support with English at their current school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details:	

Part B – About the parents/guardians

General Information

Parent/Guardian 1

Title (please circle):	Mr. / Mrs. / Ms. Other:	Relationship (please circle):	Mother / Father / Step-mother / Step-father Other:
First name, family name:			
Nationality(ies):			
Lives with student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home address (if different to student):	
Will live with student in Paris?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home phone:		Mobile:	
Preferred email:			
Job title:		Work phone:	
Employer while in Paris:		% of tuition fees paid by this employer:	



Parent/Guardian 2

Title (please circle):	Mr. / Mrs. / Ms. Other:	Relationship (please circle):	Mother / Father / Step-mother / Step-father Other:
First name, family name:			
Nationality(ies):			
Lives with student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home address (if different to student):	
Will live with student in Paris?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home phone:		Mobile:	
Preferred email:			
Job title:		Work phone:	
Employer while in Paris:		% of tuition fees paid by this employer:	

Circumstances of parents/guardians:

<input type="checkbox"/> Married/Civil union	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Other:
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What is the main reason for your move to Paris (if applicable)?

<input type="checkbox"/> Professional expatriation	<input type="checkbox"/> Sabbatical	<input type="checkbox"/> Other:
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How long do you intend to stay?

<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3 or more years	<input type="checkbox"/> Permanently
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Are the student's parents / guardians active in the applicant's current school?

<input type="checkbox"/> Parent Association	<input type="checkbox"/> Board	<input type="checkbox"/> Fund raising	<input type="checkbox"/> Other:
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How did you originally hear about ISP?

<input type="checkbox"/> Internet (please specify site used):			
<input type="checkbox"/> Referral by relocation agency (please specify):			
<input type="checkbox"/> Referral by employer	<input type="checkbox"/> Friends/relatives	<input type="checkbox"/> Printed media (journals, newspapers)	<input type="checkbox"/> Other:

Have you had previous experience in a school(s) offering the International Baccalaureate curriculum?

<input type="checkbox"/> Yes (please specify schools):	<input type="checkbox"/> No
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If your family is relocating to Paris from abroad, is this the first move out of your home country?

Parent/Guardian 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please specify prior countries of residence):
Parent/Guardian 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please specify prior countries of residence):





Please read carefully:

I hereby apply for admission of my child to the International School of Paris and enclose the application fee (as defined in the fee documentation for the academic year in question) to cover the cost of processing my child's application.

I understand that this application fee is non-refundable should my child not be admitted to the school or should I withdraw the application, and that sending in an application does not imply acceptance of my child to the school.

I understand that grade placement for a candidate is determined by the School Administration after evaluation of his/her complete application.

I have read and accepted the application procedure and fee schedule. If my child is accepted, I understand that I must return the Registration Contract (Contrat d'Inscription) and pay a Registration Deposit of € 1000 to reserve a place.

I confirm that the information provided in my child's application is accurate and that to the best of my knowledge no information has been withheld. I understand that failure to disclose relevant information at any point in the admissions process may lead to the withdrawal of an offer of admission or the exclusion of the student from ISP at any future date.

Parent/Guardian 1 signature: _____ Date: _____
(dd / mm / yyyy)

Parent/Guardian 2 signature: _____ Date: _____
(dd / mm / yyyy)





Parent(s) Questionnaire

To be completed by parent(s)/guardian(s) for applicants in all grades. This questionnaire gives your family the opportunity to express your expectations, and help us get to know you a little better. There are no right or wrong answers or required length to the responses. Please feel free to attach additional paper, if necessary. **One form may be used for multiple applicants in the same family.**

Parent(s) name(s):	
1.	Please complete the following tables by telling us what you think is most important in a school or any key expectations you have for your child(ren)'s learning experience here at ISP.
The qualities I think are most important in a school are...	
•	
•	
•	
The key expectations I have for my child(ren)'s learning experience at ISP are...	
•	
•	
•	
2.	Please share some information about your family, including: why you have decided to apply to ISP, what you feel you and your child(ren) can bring to the school community and your child(ren)'s strengths, areas of potential improvement or specific circumstances you think we should be made aware of.





Parent/Guardian 1
signature: _____

Date: _____
(dd / mm / yyyy)

Parent/Guardian 2
signature: _____

Date: _____
(dd / mm / yyyy)





Early Childhood Questionnaire

To be completed by parent(s)/legal guardian(s) of applicants for Nursery - Kindergarten.

Student name:		Grade applying for:	
1.	Has your child had any pre-school experience prior to applying to ISP?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please indicate days/hours per week:			
2.	Has your child had a previous experience in a PYP school / inquiry-based learning environment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details:			
3.	Does your child nap or rest daily?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details:			
4.	Please describe how your child reacts when separating from you in new or unfamiliar situations:		
5.	Please comment on any fears or anxieties your child may have:		
6.	Please describe how your child interacts with other children in a group:		
7.	What kinds of play activities does your child most enjoy?		

Please check the box that best describes your child's current level:

	Not Yet	Developing	Consistently/ Proficiently		Not Yet	Developing	Consistently/ Proficiently
Writes his/her first name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows letter sounds or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is fully toilet-trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes simple words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dresses him/herself independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes and names colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeds him/herself independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows an interest in books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sings simple songs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counts numbers to 10, 20, ... 100 ... (please note)				Catches a ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes numbers to 10, 20, ... 100 ... (please note)				Rides a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Please use the space below to have your child draw a picture of a person or a family.

Large empty rectangular box for drawing.

Parent signature: _____ Date: _____





Medical Questionnaire

To be completed by parent/guardian(s) for applicants in all grades. This questionnaire also includes a form that must be completed by the child's physician. **Please note that the Doctor's Form must be dated as of 1 January or later for the upcoming school year.** Students in the Primary School will require a completed Doctor's Form for each academic year; in Secondary School, an updated Doctor's Form is required every two years. For a list of English-speaking physicians in the Ile-de-France region, please contact Admissions.

ISP has two full-time nurses on staff, who are available to help answer questions, as needed, before and throughout the academic year. These individuals can be reached at ispnurse@isparis.edu.

In the event of a serious accident or emergency, your child will be taken to the hospital. The school will immediately contact the parents, and any other designated emergency contact person as necessary.

If your child has a serious medical issue which requires specific management, an Individualized Health Plan (IHP) may need to be put in place. If you already have such a plan, please submit a copy with your application or your updated Doctor's Form.

Please kindly note that French law requires all children to be vaccinated against diphtheria, tetanus and polio in their first year, with a mandatory booster one year later. From then on, a polio booster alone is required every 5 years until the age of 13. **A child may not attend school who has not been vaccinated for diphtheria, tetanus and polio.**

Applicant's full name :		
Grade applying for:		
Has your child ever had any of the following? Please check any box(es), as applicable.		
Chicken Pox	<input type="checkbox"/>	Measles <input type="checkbox"/> Mumps <input type="checkbox"/> German Measles <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Scarlet Fever <input type="checkbox"/>
Please provide any further information, as necessary:		
Headaches	<input type="checkbox"/>	If so, please give details:
Earaches	<input type="checkbox"/>	If so, please give details:
Stomach aches/pains	<input type="checkbox"/>	If so, please give details:
Severe allergies	<input type="checkbox"/>	If so, please give details:
EpiPen	<input type="checkbox"/>	If so, please give details:
Diabetes	<input type="checkbox"/>	If so, please give details:
Asthma	<input type="checkbox"/>	If so, please give details:
Epilepsy/seizures/convulsions	<input type="checkbox"/>	If so, please give details:
Serious injury/surgery	<input type="checkbox"/>	If so, please give details:





Attention Deficit and Hyperactivity Disorder	<input type="checkbox"/>	If so, please give details:
Other	<input type="checkbox"/>	If so, please give details:
Is your child currently receiving any medical treatment?	<input type="checkbox"/>	If so, please give details (including dosage):
Is he/she required to receive this treatment in school time?	<input type="checkbox"/>	If so, ISP must be provided with the doctor's prescription and the medicine in its original box.

Please provide any other information regarding your child's health in the space below. If any new and important information arises after completing this form, parents are required to inform the school as soon as possible.

If you are/will be part of the French social security system, please indicate your social security number here:



Please read carefully: Medical and Transportation Authorization (Autorisation d'hospitalisation et de transport)

We, Mr. and/or Ms. _____ authorize the hospitalization of our child, _____, if the aforementioned is a necessary intervention following an accident at school or a rapid deterioration of the health status of our child. We authorize as well transport to the nearest medical facility by French first responders (SAMU/pompiers).

Nous, soussignés, Monsieur et/ou Madame _____ autorisons l'hospitalisation de notre enfant, _____, s'il venait à être victime d'un accident dans le cadre scolaire, ou d'une maladie aiguë à évolution rapide ainsi que le transport par les pompiers et/ou le SAMU.

Parent/Guardian 1 signature: _____ Date (dd/mm/yyyy): _____

Parent/Guardian 2 signature: _____ Date (dd/mm/yyyy): _____





Doctor's Form (*Attestation Médicale*)

To be completed by a medical doctor, after child's physical examination.
Ce formulaire doit être obligatoirement rempli par un médecin après examen de l'enfant.

Child's name *Nom de l'enfant* _____ Grade *Classe* _____

Vaccinations (Vaccins)

<u>Mandatory</u> <i>Obligatoires</i>	<u>Date of last booster/vaccination</u> <i>Date du dernier rappel/vaccin</i> <i>day / month / year</i>	<u>Recommended</u> <i>Strongly recommended due to the highly mobile nature of ISP's school population</i> <i>Recommandés</i> <i>Vivement recommandé en raison de la forte mobilité internationale de la population de l'ISP</i>	<u>Date of last booster/vaccination</u> <i>Date du dernier rappel/vaccin</i> <i>day / month / year</i>
<p>Diphtheria / Tetanus / Poliomyelitis <i>Diphthérie / Tétanos / Poliomyélite</i></p> <p><i>French law requires all children to be vaccinated against diphtheria, tetanus and polio in their first year, with a mandatory booster one year later. From then on, a polio booster alone is required every 5 years until the age of 13.</i></p> <p><i>La loi française exige que tout enfant soit vacciné contre la diphtérie, le tétanos et la polio dans la première année de vie avec un rappel un an plus tard. Par la suite, seul le rappel contre la polio est obligatoire tous les 5 ans et ce jusqu'à l'âge de 13 ans.</i></p>		Meningitis (please note type) <i>Meningite (merci de noter quel type)</i>	
		Whooping cough <i>Coqueluche</i>	
		Measles, Mumps, Rubella <i>Rougeole, Oreillons, Rubéole</i>	
		Chicken Pox <i>Varicelle</i>	
		B.C.G* B.C.G.	
		or ou TB skin test <i>Test cutané à la tuberculine</i>	Date : Result (+ / -) :

Allergies - please specify medical and/or dietary (Allergies – merci de préciser médicamenteuses et alimentaires)

Other information (Informations Complémentaires)

Height *Taille* _____ **Weight** *Poids* _____
Vision (L) *Vue œil G.* _____ **Vision (R)** *Vue œil D.* _____
Hearing (L) *Ouïe oreille G.* _____ **Hearing (R)** *Ouïe oreille D.* _____

Medical Conditions *L'enfant souffre-t-il de problèmes de santé particuliers?* _____

Current treatments *Traitement(s) en cours* _____

Doctor's recommendations *Recommandations du médecin* _____

Please indicate if the child should be excused from a particular sport during the current academic year.
L'enfant doit-il être dispensé de la pratique d'une ou plusieurs activités sportives durant l'année scolaire en cours ?

Doctor's name *Nom du médecin* _____ **Doctor's signature** *Signature du médecin* _____ **Stamp** *Cachet* _____

Address *Adresse* _____

Date _____

Parents should notify the school nurse of any new medical information which may arise by sending an email to ispnurse@isparis.edu.





Confidential School Recommendation – Nursery to Grade 5

Name of Applicant: _____ Grade applied for: _____

Thank you for agreeing to provide a confidential recommendation for the candidate named above. In order to ensure confidentiality, please complete this form and **return it directly to the ISP Admissions Office** (contact details below) by post or email. The form should not be returned to the student or family unless it is in an **envelope sealed with the school stamp**. If you feel it is necessary to seek the input of other colleagues while completing the form, please feel free to do so.

Name of person completing this form: _____

Job title: _____

Email: _____

Telephone: _____

Name and location of school: _____

Language(s) of instruction: _____

Does your school offer any of the following programmes? IB PYP IB MYP IB Diploma

How long have you know the applicant? _____

What is the student's English level?

No prior exposure Beginner Intermediate Advanced Native speaker

Academic	NEEDS IMPROVEMENT	APPROACHING EXPECTATIONS	MEETING EXPECTATIONS	EXCEEDING EXPECTATIONS	NOT APPLICABLE		Personal & Social	NEEDS IMPROVEMENT	APPROACHING EXPECTATIONS	MEETING EXPECTATIONS	EXCEEDING EXPECTATIONS	NOT APPLICABLE
Overall achievement: Maths							Demonstrates self-discipline					
Overall achievement: Reading							Respectful to peers					
Overall achievement: Writing							Respectful to adults					
Ability to work independently							Cooperates well with others					
Age-appropriate study skills							Communication skills					
Attention span							Self-confidence					
Curiosity							Maturity					
Academic motivation							Readiness to seek assistance					





Please describe the child's attitude towards learning:

Has the student received learning support or followed any type of special program? Yes No

If yes, please explain:

Do the parents have a realistic understanding of their child's academic ability? Yes No

If no, please explain:

Have there been any disciplinary, emotional or other concerns regarding this student? Yes No

If yes, please explain:

Please comment on the level of cooperation of the parent(s)/legal guardian(s) with any requests made by the school:

Unsatisfactory Good Excellent

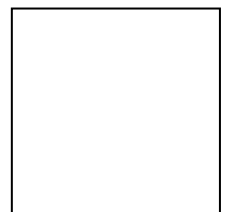
Please give details:

Please attach one recent sample of student's writing and one recent sample of maths work (involving number, if possible).

Kindly note on the work the date it was completed and if it was completed independently or with support. If this is not possible, please explain:

Please write a short descriptive assessment of the student, mentioning any notable character traits, personal strengths, special interests and talents. Please attach an additional sheet if necessary.

Please check this box only if you would like us to call you regarding this student.



YOUR SIGNATURE _____ DATE _____

School stamp

